

FIELD OPERATIONS DIVISION
ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
NPDES PERMITTED COALBED METHANE OPERATIONS
POLLUTION ABATEMENT/TREATMENT MEASURES AND
WASTE TREATMENT FACILITIES CERTIFICATION REPORT

Please Type or Print In Ink

COMPANY NAME _____

FACILITY NAME _____

NPDES PERMIT NUMBER _____

TOWNSHIP(s), RANGE(s), SECTION(s) _____

COUNTY(s) _____ DSN(s) _____

CONSULTING FIRM ADDRESS _____

CONSULTING FIRM

Phone: () _____

Fax: () _____

Email Address: _____

Based upon the post-construction inspection of the above-referenced facility on (date) _____

which I or personnel under my supervision (Print name: _____) conducted, I certify that all pollution abatement/treatment structures/measures, associated structures, waste treatment facilities, and Best Management Practices (BMPs), have been designed and properly constructed according to good engineering practices, and in accordance with the requirements of the above-referenced NPDES permit, and applicable sections of Chapters 335-6-3, 335-6-6, and are built: (Check one)

_____ In accordance with good engineering practices, and in strict agreement with the above-referenced NPDES permit, ADEM regulations, and the construction plans or revision accepted for the above-referenced NPDES permit application.

_____ In accordance with good engineering practices, and in strict agreement with the above-referenced NPDES permit, ADEM regulations, and substantial agreement with the plans or revision accepted for the above-referenced NPDES permit application with minor exceptions. **Detail these minor exceptions below or on back of form and submit revised if necessary. Document all reasons for exceptions.**

Affix PE Seal and Registration Number

Name

Signature

Date